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Sent: Wednesday, September 08, 2004 3:03 PM
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Subject: Corrected 3.2 Pharmacy Encounter Format

Our apologies one of the health plans noted a slight error in the layout previously distributed. There was 1 minor mistake on the "Number of Refills Authorized" field - the record position read 427-728 instead of the correct value of 427-428.
Please let us know if you have questions. Thanks!

3.2 pharmacy encounter layout changes

The amount fields have been expanded and a new Prescriber ID Qualifier field has been added. This is a 2 byte field, rather than the 1 byte we talked about earlier today. I looked at the 5.1 and it is a 2 byte field. I figured if we were going to have to increase the layout may as well make it rather compliant with some version of a transaction. The allowed values for the time being are:

05 - Medicaid

12 - DEA Number

Modified 3.2 Pharmacy Detail Record

G1 Record

Change Date	Field Name	Field Size	Record Position	Encounter Usage	Encounter Value	IG Field	Claim Usage	Claim Value
	Segment Identifier	X(2)	1 – 2	Required	G1	701	Required	"G1" = Detail Data Record
	Transaction Reference Number	X(10)	3 – 12	Required	Determined by provider	880-K5	Required	Determined by the Provider Every 3C rec has a unique TRN Used for checkpointing
	Bin Number	9(6)	13 – 18	Required	BIN Number	101-A1	Not Used	Card Issuer ID or Bank ID Number
	Version/Release Number	X(2)	19 – 20	Required	3C = RTDS Version 3.2	102-A2	Required	3C = RTDS Version 3.2
	Transaction Code	9(2)	21 – 22	Required	01 – Billing 11- Reversal 31 - Replacement	103-A3	Required	1 – Original Claim 6 - Adjustment 7 – Replacement 8 – Void
	Processor Control Number	X(10)	23 – 32	Required	Processor Control Number	104-A4	Not Used	Number assigned by the processor
	Pharmacy Number Service Provider	X(12)	33 – 44	Required	AHCCCS Provider Id and Location Code NNNNNNLL	201-B1	Required	The provider PIN must be submitted with two leading zeros to distinguish between Provider Number and Location code. For example, if the Medicaid PIN # is '123456.' And the location code is '01' it should be submitted as '0012345601.'
	Group Number Billing Provider	X(15)	45 – 59	Not Used		301-C1	Required if Applicable	AHCCCS Group PIN #. See Above
	Cardholder ID Number	X(18)	60 – 77	Required	AHCCCS Member ID	302-C2	Optional	Insurance ID assigned to the cardholder See AHCCCS ID field
	Person Code	X(3)	78 – 80	Not Used		303-C3	Optional	Code assigned to a specific person within a family
	Date of Birth	9(8)	81 – 88	Required	Member Date of Birth	304-C4	Optional	
	Sex Code	9(1)	89 – 89	Required	1 – Male 2 – Female	305-C5	Optional	1 – Male 2 – Female
	Relationship Code	9(1)	90 – 90	Not Used		306-C6	Optional	
	Other Coverage Code	9(1)	91 – 91	Required	0 = Not Specified 1 = No other Coverage Identified 2 = Other Coverage exists, payment collected 3 = Other Coverage exists, this claim is not covered 4 = Other Coverage exists, payment not collected	308-C8	Required	0 = Not Specified 1 = No other Coverage Identified 2 = Other Coverage exists, payment collected 3 = Other Coverage exists, this claim is not covered 4 = Other Coverage exists, payment not collected
	Date Filled	9(8)	92 – 99	Required	Dispense Date/Date of Service	401-D1	Required	Format = 'CCYYMMDD' Identifies date the prescription was filled or professional service rendered
	Not Used	X(3)	100–102					Spaces

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Modified 3.2 Pharmacy Detail Record

G1 Record

Change Date	Field Name	Field Size	Record Position	Encounter Usage	Encounter Value	IG Field	Claim Usage	Claim Value
	Customer Location	9(2)	103 -104	Required	00 – Not specified 01 – Home 02 – Inter-Care 03 – Nursing Home 04 – Long Term/Extended Care 05 – Rest Home 06 – Boarding Home 07 – Skilled Care Facility 08 – Sub-Acute Care Facility 09 – Acute Care Facility 10 – Outpatient 11 – Hospice	307-C7	Optional	00 – Not specified 01 – Home 02 – Inter-Care 03 – Nursing Home 04 – Long Term/Extended Care 05 – Rest Home 06 – Boarding Home 07 – Skilled Care Facility 08 – Sub-Acute Care Facility 09 – Acute Care Facility 10 – Outpatient 11 – Hospice
	Not Used	X(3)	105 –107					Spaces
	Eligibility Clarification Code	9(1)	108 –108	Not Used		309-C9	Optional	Code indicating that the pharmacy is clarifying eligibility based on receiving a denial
	Not Used	X(3)	109 –111					Spaces
	Patient First Name	X(12)	112– 123	Not Used		310-CA	Optional	
	Not Used	X(3)	124-126					Spaces
	Patient Last Name	X(15)	127-141	Not Used		311-CA	Optional	
	Not Used	X(1)	142-142					Spaces
	Prescription Number	9(7)	143-149	Required	RX Number	402-D2	Not Used (Claims will use PBM Unique Key)	Reference number assigned by the provider for the dispensed drug/product and/or service provided
	New / Refill Code	9(2)	150-151	Required	00 – Original 01-99 – Refill Number	403-D3	Required	00 – Original 01-99 – Refill Number
	Metric Quantity	9(3).99	152-156	Not Used		404-D4	Required	Unit Quantity
	Days Supply	9(3)	157-159	Required	Days Supply	405-D5	Required	Estimated number of days the prescription will last
	Compound Code	9(1)	160-160	Required	0 – Not Specified 1 – Not a Compound 2 – Compound	406-D6	Required	0 – Not Specified 1 – Not a Compound 2 – Compound
	NDC Number	9(11)	161-171	Required	NDC format: MMMMMDDDDPP MMMMM – Manufacturer's Number DDDD – Drug ID PP – Package Size	407-D7	Required	NDC format: MMMMMDDDDPP MMMMM – Manufacturer's Number DDDD – Drug ID PP – Package Size

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G1 Record

Change Date	Field Name	Field Size	Record Position	Encounter Usage	Encounter Value	IG Field	Claim Usage	Claim Value
	Dispense as Written	X(1)	172-172	Required	0 – No Product Selection Indicated 1 – Substitution Not Allowed by Prescriber 2 – Substitution Allowed – Patient Requested Product Dispensed 3 – Substitution Allowed – Pharmacist Selected Product Dispensed 4 – Substitution Allowed – Generic Drug Not in Stock 5 – Substitution Allowed – Brand Drug Dispensed as a Generic 6 – Override 7 – Substitution Not Allowed – Brand Drug Mandated by Law 8 – Substitution Allowed – Generic Drug Not Available in Marketplace 9 – Other	408-D8	Required	0 – No Product Selection Indicated 1 – Substitution Not Allowed by Prescriber 2 – Substitution Allowed – Patient Requested Product Dispensed 3 – Substitution Allowed – Pharmacist Selected Product Dispensed 4 – Substitution Allowed – Generic Drug Not in Stock 5 – Substitution Allowed – Brand Drug Dispensed as a Generic 6 – Override 7 – Substitution Not Allowed – Brand Drug Mandated by Law 8 – Substitution Allowed – Generic Drug Not Available in Marketplace 9 – Other
8/26/2004 added 2 bytes	Ingredient Cost	9(6).99	173-180	Required	Ingredient Cost Submitted by Pharmacy	409-D9	Required	Billed Amount
9/10/2004 Added new field	Prescribing Provider ID Qualifier	X(2)	181-182	Required	Prescribing Provider ID Qualifier	466-EZ	Required	05 = Medicaid 12 = DEA Number
	Prescriber ID	X(10)	183-192	Required	AHCCCS Provider ID and Location Code OR DEA Number	411-DB	Required if Applicable	AHCCCS Provider ID and Location Code OR DEA Number
	Date Prescription Written	9(8)	193-200	Required	Format = 'CCYYMMDD'	414-DE	Required	Format = 'CCYYMMDD'
8/26/2004 added 2 bytes	Usual & Customary Charge	9(6).99	201-208	Situational, May Be Reported		426-DQ	Optional	Amount charged cash customers for the prescription exclusive of sales tax or other amounts claimed
	Not Used	X(3)	209-211					Spaces
	PA/MC Code & Number	9(12)	212-223	Not Used		416-DG	Optional	Value indicating prior authorization or medical certification occurred
	Not Used	X(3)	224-226					Spaces
	Level of Service	9(2)	227-228	Not Used		418-DI	Optional	Code indicating the type of service the provider rendered
	Not Used	X(3)	229-231					Spaces

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G1 Record

Change Date	Field Name	Field Size	Record Position	Encounter Usage	Encounter Value	IG Field	Claim Usage	Claim Value
	Diagnosis Code	X(6)	232-237	Required When Known	ICD-9 Diagnosis Code	424-DO	Optional	ICD-9 Diagnosis Code
	Not Used	X(3)	238-240					Spaces
	Unit Dose Indicator	9(1)	241-241	Situational May be Reported		429-DT	Optional	Code indicating the type of unit dose dispensing
	Not Used	X(3)	242-244					Spaces
8/26/2004 added 2 bytes	Gross Amount Due	9(6).99	245-252	Required	Billed Amount	430-DU	Required	Health Plan Paid Amount
	Not Used	X(3)	253-255					Spaces
8/26/2004 added 2 bytes	Other Payer Amount	9(6).99	256-263	Required	Amount of the other payment	431-DV	Required if Applicable	Required when other coverage code is 2 or 4
	Not Used	X(3)	264-266					Spaces
8/26/2004 added 2 bytes	Patient Paid Amount	9(6).99	267-274	Required	Amount the pharmacy actually collected from the member/person picking up the drug	433-DX	Required	Amount the pharmacy received from the patient for the prescription dispensed
	Not Used	X(3)	275-277					Spaces
	Incentive Amount Submitted	9(4).99	278-283	Not Used		438-E3	Optional	Amount represents a fee that is submitted by the pharmacy for contractually agree upon services. This amount is included in the Gross Amount Due
	Not Used	X(3)	284-286					Spaces
	DUR Conflict code	X(2)	287-288	Not Used		439-E4	Not Used	Code identifying the type of utilization conflict detected or the reason for the pharmacist's professional service
	Not Used	X(3)	289-291					Spaces
	DUR Intervention Code	X(2)	292-293	Not Used		440-E5	Not Used	Code identifying pharmacist intervention when a conflict code has been identified or service has been rendered
	Not Used	X(3)	294-296					Spaces
	DUR Outcome Code	X(2)	297-298	Not Used		441-E6	Not Used	Action taken by a pharmacist in response to a conflict of the result of a pharmacist's professional service
	Not Used	X(3)	299-301					Spaces
	Metric Decimal Quantity	9(5).999	302-309	Required	Quantity Dispensed	442-E7	Not Used	Quantity dispensed expressed in metric decimal units
	Not Used	X(3)	310-312					Spaces

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G1 Record

Change Date	Field Name	Field Size	Record Position	Encounter Usage	Encounter Value	IG Field	Claim Usage	Claim Value
	Primary Payer Denial Date	9(8)	313-320	Situational May Be Reported	Format = 'CCYYMMDD'	443-E8	Not Used	The payment or denial date of the claim submitted to the other payer Format = 'CCYYMMDD'
	AHCCCS – ID	X(9)	321-329	Not Used	See Cardholder ID	N/A	Required	AHCCCS Recipient ID #
	Not Used	X(1)	330-330					
	Resubmission Reference Number	X(14)	331-344	Required When Field '103-A3' Value is '11' or '31'	Original "AHCCCS" CRN Needed When (adjustments no longer permitted) Replacements or Voids are Submitted.	N/A	Required if Applicable	Original "AHCCCS" claim number Needed if adjustments, replacements or voids are submitted.
	PBM-Unique-Key	X(20)	345-364	Not Used		N/A	Required	RX Number FFS receives a formatted field from PBM. CCYYMMDD-RXNUM Encounters should submit a RX Number.
	Tribe Id	X(6)	365-370	Not Used		N/A	Required if	Used to identify TRBHA Claims.
	Pregnancy Indicator	X(1)	371-371	Required	Blank – Not Specified 1 – Not pregnant 2 – Pregnant	335-2C	Required	Blank – Not Specified 1 – Not pregnant 2 – Pregnant
	Other Procedure Code	X(19)	372-390	Required When Known		407-D7	Required if Present	Any code other than a NDC code
	Modifier 1	X(2)	389-392	Required When Known		459-ER	Required if Applicable to Other Procedure	
	Modifier 2	X(2)	393-394	Required When Known		459-ER	Required if Applicable to Other Procedure	
	Modifier 3	X(2)	395-396	Required When Known		459-ER	Required if Applicable to Other Procedure	
	Modifier 4	X(2)	397-398	Required When Known		459-ER	Required if Applicable to Other Procedure	
	Diagnosis Code 2	X(15)	399-413	Required When Known		424-DO	Required if Present	

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G1 Record

Change Date	Field Name	Field Size	Record Position	Encounter Usage	Encounter Value	IG Field	Claim Usage	Claim Value
	Diagnosis Code 3	X(15)	414-428	Required When Known		424-DO	Required if Present	
09/03/2004 427-728 to 427-428	Number of Refills Authorized	9(2)	429-430	Required	Value 00 - 99	415-DF	Required	Number of refills authorized by the prescriber Value 00 - 99
8/26/04 Changed from 14 to 20	Health Plan Claim Number	X(20)	431-450	Required	Internal Health Plan Claim Tracking Number	601-68	Not Used	Identifies the assigned claim number
	Unit of Measure	X(2)	451-452	Required	EA = Each GM = Grams ML = Milliliters	600-28	Required if Applicable	EA = Each GM = Grams ML = Milliliters
	Cardholder First Name	X(12)	453-464	Required		312-CC	Not Used	
	Cardholder Last Name	X(15)	465-479	Required		313-CD	Not Used	
	PA Type Code	X(2)	480-481	Situational May Be Reported	Data used to bypass medical review type encounter edits	461-EU	Not Used	
	PA Number Submitted	X(12)	482-493	Situational May Be Reported	PA Number	462-EV	Not Used	
	Dispense Fee Submitted by Pharmacy	9(6).99	494-501	Required		412-DC	Required	
	Smoker/Non Smoker Code	9(1)	502-502	Situational May be Reported	Blank – Not Specified 1 – Non Smoker 2 – Smoker	334-1C	Required if Applicable	Blank – Not Specified 1 – Non Smoker 2 – Smoker
	Payer 1 Coverage Type	X(2)	503-504	Required	Blank – Not Specified 01-Primary 02-Secondary 03-Tertiary	338-5C	Required if Applicable	Blank – Not Specified 01-Primary 02-Secondary 03-Tertiary
	Payer 1 Id	X (10)	505-514	Required	6 byte Health Plan ID + 3 byte TSN	340-7C	Required if Applicable	
	Payer 1 Allowed Amount	9(6).99	515-522	Required	Allowed Amount	431-DV	Required if Applicable	
	Payer 1 Paid Amount	9(6).99	523-530	Required	Paid Amount (Health Plan Paid Amount)	431-DV	Required if Applicable	
	Payer 1 Dispense Fee Paid	9(6).99	531-538	Required	Dispensing Fee Paid	431-DV	Required if Applicable	
	Payer 1 Ingredient Cost Paid	9(6).99	539-546	Required	Ingredient Cost Paid	431-DV	Required if Applicable	
	Payer 1 CoPay	9(6).99	547-554	Required	CoPay	431-DV	Required if Applicable	

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G1 Record

<u>Change Date</u>	<u>Field Name</u>	<u>Field Size</u>	<u>Record Position</u>	<u>Encounter Usage</u>	<u>Encounter Value</u>	<u>IG Field</u>	<u>Claim Usage</u>	<u>Claim Value</u>
	Payer 1 Deductible	9(6).99	555-562	Required	Deductible	431-DV	Required if Applicable	
	Payer 1 Coinsurance	9(6).99	563-570	Required	Coinsurance	431-DV	Required if Applicable	
	Payer 2 Coverage Type	X(2)	571-572	Required When Other Coverage Exists	Blank – Not Specified 01-Primary 02-Secondary 03-Tertiary	338-5C	Required if Applicable	Blank – Not Specified 01-Primary 02-Secondary 03-Tertiary
	Payer 2 Id	X (10)	573-582	Required When Other Coverage Exists	Other payer ID	340-7C	Required if Applicable	
	Payer 2 Allowed Amount	9(6).99	583-590	Required When Other Coverage Exists	Allowed Amount	431-DV	Required if Applicable	
	Payer 2 Paid Amount	9(6).99	591-598	Required When Other Coverage Exists	Paid Amount	431-DV	Required if Applicable	
	Payer 2 Dispense Fee	9(6).99	599-606	Required When Other Coverage Exists	Dispensing Fee Paid	431-DV	Required if Applicable	
	Payer 2 Ingredient Cost Paid	9(6).99	607-614	Required When Other Coverage Exists	Ingredient Cost Paid	431-DV	Required if Applicable	
	Payer 2 CoPay	9(6).99	615-622	Required When Other Coverage Exists	CoPay	431-DV	Required if Applicable	
	Payer 2 Deductible	9(6).99	623-630	Required When Other Coverage Exists	Deductible	431-DV	Required if Applicable	
	Payer 2 Coinsurance	9(6).99	631-638	Required When Other Coverage Exists	Coinsurance	431-DV	Required if Applicable	

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Modified 3.2 Pharmacy Detail Record

G1 Record

<u>Change Date</u>	<u>Field Name</u>	<u>Field Size</u>	<u>Record Position</u>	<u>Encounter Usage</u>	<u>Encounter Value</u>	<u>IG Field</u>	<u>Claim Usage</u>	<u>Claim Value</u>
	Payer 3 Coverage Type	X(2)	639-640	Required When Other Coverage Exists	Blank – Not Specified 01-Primary 02-Secondary 03-Tertiary	338-5C	Required if Applicable	Blank – Not Specified 01-Primary 02-Secondary 03-Tertiary
	Payer 3 ID	X (10)	641-650	Required When Other Coverage Exists	Other payer ID	340-7C	Required if Applicable	
	Payer 3 Allowed Amount	9(6).99	651-658	Required When Other Coverage Exists	Allowed Amount	431-DV	Required if Applicable	
	Payer 3 Paid Amount	9(6).99	659-666	Required When Other Coverage Exists	Paid Amount	431-DV	Required if Applicable	
	Payer 3 Dispense Fee Paid	9(6).99	667-674	Required When Other Coverage Exists	Dispensing Fee Paid	431-DV	Required if Applicable	
	Payer 3 Ingredient Cost Paid	9(6).99	675-682	Required When Other Coverage Exists	Ingredient Cost Paid	431-DV	Required if Applicable	
	Payer 3 CoPay	9(6).99	683-690	Required When Other Coverage Exists	CoPay	431-DV	Required if Applicable	
	Payer 3 Deductible	9(6).99	691-698	Required When Other Coverage Exists	Deductible	431-DV	Required if Applicable	
	Payer 3 Coinsurance	9(6).99	699-706	Required When Other Coverage Exists	Coinsurance	431-DV	Required if Applicable	
	Not Used	294	707-1000					Spaces

Field Name	Field Size	Record Position	Value	Encounter/Claims Usage	Encounter Value	Field ID	Claims Value
Segment Identifier	X(2)	1-2	00=File Control	Required	00	701	00
Transmission Type	X(1)	3-3	T=Transaction R=Response E=Error	Required	T	880-K6	T
Sender ID	X(24)	4-27	Defined by processor	Required	Consists of 3 byte acronym assigned by AHCCCS followed by submitter's tax ID	880-K1	SUBMITTER ID For FFS Claims submit this number with one leading zero. Example: If the submitter ID is '12345,' it should appear in this record as '012345'.
Batch Number	9(5)	28-32	Assigned by sender and matches trailer	Required	Must be unique for each transmission	806-5C	Matches trailer used for the "Submission No Batch Number." Must be unique for each transmission.
Creation Date	9(8)	33-40	Format=CCYYMMDD	Required	CCYYMMDD	880-K2	CCYYMMDD
Creation Time	9(4)	41-44	Format=HHMM	Required	HHMM	880-K3	HHMM
File Type	X(1)	45-45	P=Production T=Test	Required	P or T	702	P or T
Version/Release Number	X(2)	46-47	Header version=10	Required	10	102-A2	10
Not Used	X(953)	48-1000					

Field Name	Field Size	Record Position	Value	Encounter/Claim Usage	Encounter Value	Field ID	Claims Value
Segment Identifier	X(2)	1-2	99= File Trailer	Required	99	701	99
Batch Number	9(5)	3-7	Assigned by sender and matches header	Required	Must be unique for each transmission	806-5C	Must match Header. Must be unique for each transmission
Record Count	9(10)	8-17		Required for Balancing		751	Required
Total Gross Billed Amount	9(7).99	18-26	Sum of Gross Amount Due from the G1 Records	Required for Balancing		430-DU	Required
Message	X(974)	27-1000		Not used		504-F4	Not used